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c. If the answer to B.6.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction		
– End construction		
– Begin discharge		
– Attain operational level		

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly:

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 1

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	20	mg\l	10	mg\l	4		
CHLORINE (TOTAL RESIDUAL, TRC)	0.030	mg\l	0.010	mg/l	4		
DISSOLVED OXYGEN	12	mg\l	9	mg\l	4		
TOTAL KJELDAHL NITROGEN (TKN)	5.0	mg\l	1.0	mg\l	4		
NITRATE PLUS NITRITE NITROGEN	7.0	mg\L	6.5	mg\L	4		
OIL and GREASE	3.0	mg\L	2.70	mg\L	4		
PHOSPHORUS (Total)	2.55	mg\L	2.25	mg\L	4		
TOTAL DISSOLVED SOLIDS (TDS)	314	mg\L	268	mg\L	4		
OTHER							

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

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A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☑ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☑ No

A.6. **Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.150 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.068	0.046	0.072	mgd
c. Maximum daily flow rate	0.390	0.357	0.370	mgd

A.7. **Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☑ Separate sanitary sewer 100 %

☐ Combined storm and sanitary sewer ____ %

A.8. **Discharges and Other Disposal Methods.**

a. Does the treatment works discharge effluent to waters of the U.S.? ☑ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	0
iii. Combined sewer overflow points	0
iv. Constructed emergency overflows (prior to the headworks)	0
v. Other ____	0

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☑ No

If yes, provide the following for each surface impoundment:

Location: ____

Annual average daily volume discharged to surface impoundment(s) ____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☑ No

If yes, provide the following for each land application site:

Location: ____

Number of acres: ____

Annual average daily volume applied to site: ____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☑ No